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## Filing Date Application Number **CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT Indep Depend CLAIMS AS FILED Indep Depend Indep Depend Indep Depend Indep Depend .Indep 52 53 54 55 58 59 61. 63 15 16 17 66 67 19 71 21 .33 49. 50 Total Total Indep Indep Total Tolal Depend Depend Total

Total Claims